SAFE & SECURE COMMUNITIES
SCRUTINY PANEL

Alcohol and Anti-Social Behaviour Review

OCTOBER 2007
SAFE & SECURE COMMUNITIES SCRUTINY PANEL

A Scrutiny Review of Service Provision for Tackling Alcohol & Anti-Social Behaviour in Cumbria

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Acknowledgements:

The Task Group would like to thank officers from the following organisations who gave their time to talk with members:

Cumbria Drug & Alcohol Action Team (DAAT);
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Cumbria Probation Service;
Police Authority;
Trading Standards;
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Executive Summary

This report is the result of a review of service provision and support available in Cumbria to tackle alcohol misuse and associated anti-social behaviour.

Excessive consumption of alcohol (binge drinking) can and frequently does lead to incidents of aggressive confrontation and violence. Alcohol is a factor in almost half of violent assault, with street fighting, sexual assault, domestic violence, graffiti, public disorder and vandalism also associated with alcohol.

With alcohol becoming cheaper, more readily available in a wide range of retail outlets and measures serviced in drinking establishments increasing, there are a number of affects on the wider community and their families along with additional pressure on health care/emergency/public services and third sector organisations offering support services for substance misuse.

This review has sought to cover all pertinent aspects of alcohol and anti-social behaviour in Cumbria, by focusing on those public and third sector service providers involved in trying to reduce the harm that alcohol causes. One of the most significant outcomes of this review is the recognition that the funding available to provide advice, support and treatment for alcohol-related problems is woefully inadequate and is nowhere near the sum that we, as consumers, spend on alcohol every year in the UK.

With an increasing number of people starting to drink regularly and heavily at a younger age, this review identifies the dangers, concerns and activities of services that are endeavouring to tackle the widespread harm caused by alcohol in Cumbria.
SECTION 1: RECOMMENDATIONS

1.1 The final Cumbria Alcohol Strategy will be presented to the County Council’s Cabinet for their consideration and to ensure the Strategy establishes and maintains a high profile within the authority.

1.2 The Safe & Secure Communities Scrutiny Panel will add the Cumbria Alcohol Strategy to their Work Programme and receive an initial presentation of the draft from the Strategy Co-ordinator, with update reports thereafter to monitor its implementation and partnership engagement.

1.3 The Panel will support work in partnership with the Healthy Schools Team and CADAS Straightline Service in providing awareness training on the dangers of alcohol and substance misuse to young people in Cumbria.

1.4 The Cumbria County Council needs to take the lead in initiating a dialogue with the judicial system, retail organisations and alcohol manufacturers to take a more responsible approach, at a local level, to help tackle the issues of excessive drinking and alcohol misuse; the County Council will need the participation and expertise of the district licensing authority to strengthen this work.

1.5 (i) There are pockets of good practice across the county that are building strong relationships between schools, the Police and the community; this needs to be rolled out across the county with our support and we would expect that this is reported back to the respective CDRPs and Scrutiny [see 8.9 of this report];

   (ii) Trading Standards be included in the development of the Cumbria Alcohol Strategy, in reference to the drinks industry role and test purchasing, which should include representation on the Cumbria Alcohol Strategy Steering Group.

1.6 We wish Cumbria to take the lead in developing and maintaining a joint reporting mechanism for annual reporting on alcohol issues, in line with current national statutory practice for drugs reporting.

1.7 The development of a common licensing policy across all district authorities would be an opportunity for Crime and Disorder Reduction
Partnerships, who may wish to become involved in joined up working with regard to enforcement and planning.

1.8 Partner organisations be approached to sponsor additional local test purchasing campaigns, over and above the current twice yearly Home Office funded national campaigns.

1.9 A countywide seminar will be arranged for January 2008 to raise awareness of the extent of alcohol-related problems and issues within local communities and to encourage alcohol to be given greater priority within local authority and partner organisations’ agendas.

1.10 The Panel supports the Healthy Schools Team’s endeavours to secure sponsorship from drinks manufacturers in Cumbria and in the North West, to fund projects that engage young people in activities that include motor projects and sports schemes.

1.11 We know the County Council supports the free advice and support service that CADAS offers through its young people, adult and family services in Cumbria, dealing with alcohol, drug and gambling problems; the Scrutiny Panel wish to raise awareness of the very serious funding challenges for CADAS and examine ways of securing core funding for this invaluable local resource.

1.12 (i) The task and finish group are aware of the critical shortages of detox beds in Cumbria and ask that the Cumbria Health and Wellbeing Scrutiny Committee includes this for consideration as part of their current work programme;

(ii) The Panel ask that the Cumbria Health and Wellbeing Scrutiny Committee consider the extent of the Brief Intervention Training held for medical staff across the county and ask them to monitor the outcomes of this training.

1.13 An alcohol awareness session is being held for county and district councillors on 28 November 2007 [10:00am at County Offices, Kendal]. Members of the Panel, Cabinet members and all other County and District Councillors are asked to take the opportunity to receive this detailed briefing on alcohol related issues, as a first step in developing a greater awareness and understanding of the complexities and impact of alcohol on all our communities.
SECTION 2: INTRODUCTION

2.1 Alcohol misuse is a growing problem in the UK. The misuse of alcohol is implicated in around 40,000 deaths per year in England and Wales and accounts for 10% of the general disease burden on the NHS. There has been a significant increase in chronic liver disease since the 1970s with alcohol also linked to 40% of violent crimes and 39% of deaths by fire. The toxins in alcohol are metabolised in the liver and alcohol misuse places additional stress on the heart. In England and Wales, 70% of all admissions to Accident and Emergency Units between the hours of midnight and 5:00am are drink-related.

2.2 In the UK people are drinking larger quantities of alcohol due to the fact that pub measures are becoming bigger and consumers often do not know how much alcohol equates to 1 unit. A recent MORI poll found that only 7% of male respondents and 22% of female respondents knew the correct recommended daily limit for alcohol: 3-4 units for men and 2-3 for women.

2.3 In terms of hospital admissions for alcohol related conditions (not admissions to Accident and Emergency Units) Cumbria has a higher rate than the national levels for both men and women. It was recently reported that some 3 people per month are dying from alcohol related illnesses in north and west Cumbria. According to the Office of National Statistics 34 people a year are dying from alcohol related deaths in the area. There were 262 such deaths across Carlisle, Copeland, Allerdale and Eden between 1998 and 2004, compared to 185 between 1991 and 1997. The latest figures indicate a 55% increase in alcohol related deaths for Cumbria.

2.4 The drink industry in the UK brings in £38.6 billion in revenue per annum, yet government funding for alcohol support services is comparatively small. The cost of alcohol-related health, crime and disorder is around £20 billion per annum; with the health economy costs alone totalling around £1.3 billion and a further £403 million for treatment and support of the 1.1 million dependent drinkers. The government recently put forward an additional £10 million funding on top of the £250-300 million provided annually. Alcohol Concern recently published their review of the impact of the government’s Alcohol Harm Reduction Strategy, in which they assert that the national resource dedicated to alcohol harm reduction should equate to 10% of the alcohol tax revenue.

2.5 Compare this with the high levels of funding for drug support services for adults: in 2008 Cumbria Drug & Alcohol Action Team will receive four separate grants from government totalling £3.7 million, with a primary focus on Class A substances; a further £440,000 for work with young people and £2.5 million of mainstream money via the NHS and Cumbria County Council. However, it should be noted that funding for
work with young people is spread more equally between drug and alcohol.

2.7 Public perception may focus on the crime and disorder issues of illegal drug use but by far the more abused substance is alcohol. Alcohol, as a legal substance, is readily available in a wide number of outlets (pubs, clubs, hotels, supermarkets, off-licenses, trains, planes and public events etc.). Government funding concentrates the far greater resource on drug support services, due to the link between drug use and acquisitive crime (theft, burglary, mugging). The government sees work with drug users as contributing directly to crime reduction.

2.8 Last month the new Prime Minister suggested that issues around alcohol, including retailers selling to underage people, 24-hour drinking and binge drinking will be considered again by government. The PM stated that he does not want young people, particularly, to perceive binge drinking as socially acceptable. A cultural change has been affected with regard to drink-driving and, more recently, smoking but this will be particularly challenging for the well established (centuries old) binge drinking culture in the UK.

2.9 Alcohol consumption features highly in a number of different types of crime, from low level offences (vandalism, graffiti, nuisance) to public order offences, domestic violence and sexual assault. The primary effect of alcohol on the brain is as a powerful 'disinhibitor': an individual may use it in preparation, and for the purpose of, committing an assault; or an individual may fall prey to a violent assault as a result of consuming alcohol. For instance, alcohol is the most commonly used date-rape drug and whilst alcohol is often a factor in a number of rapes, it is also responsible for a lower conviction rate.

3.0 In the UK the two groups of the population whose alcohol consumption is increasing are young people and people over the age of 50. Alcohol has a pervasive effect on all sections of society: alcohol-related crime and violence affects everyone to a greater or lesser extent. Additionally, the impact for a range of public and third sector services is significant and costly.
SECTION 3: BACKGROUND TO THE SCRUTINY

3.1 The Government’s Alcohol Harm Reduction Strategy for England (2004) identified the drinks industry as a key partner in tackling alcohol problems. The industry opposed government plans to form an independent national fund for projects to combat alcohol problems, but agreed to reform an existing industry body, The Drinkaware Trust. The drinks industry retains a self-regulatory position in the UK and The Portman Group – established by alcohol producers in the late 1980s to respond to issues of social responsibility and the drinks industry – is also self-regulating in relation to alcohol producers.

3.2 According to a World Health Organisation Policy Briefing on Interpersonal Violence and Alcohol, whilst consumption rates, drinking habits and levels of interpersonal violence vary widely between different countries, the link between alcohol and violence is well established:

“Each exacerbates the effects of the other with a strong association between alcohol consumption and an individual’s risk of being either a perpetrator or a victim of violence.”

3.3 The Council Plan for 2007-2010 includes the following target outcomes for Cumbria, particularly pertinent to this topic:

- Reduced crime and fear of crime [with planned improvement including reduction in incidents of domestic violence and level of recorded crime];
- Reduced harm caused by illegal drugs and alcohol misuse;
- Greater respect and reduced anti-social behaviour [with planned improvement including the reduction in the perception of high levels of anti-social behaviour];
- Improved consumer and business confidence in Trading Standards to monitor and regulate fair and safe trading in Cumbria.

Within the context of the Creating Safe and Secure Communities section of the Council Plan, it states that “Cumbria has a relatively low crime rate but 45% [of] people surveyed feel that crime is getting worse”. With perceptions of crime high and the visible reminders of anti-social behaviour (graffiti, vandalism, young people congregating in large groups) anxiety caused within the community is also high.

3.4 The Cumbria Quality of Life Survey, published in December 2006, highlights key issues for Cumbrian residents, which included concern about anti-social behaviour, particularly with young people congregating on streets. Some two thirds of respondents felt that they were not well informed with regard to what action was being taken, locally, to tackle the problem of anti-social behaviour. As a result, the
survey highlights this issue and the need for agencies dealing with anti-social behaviour to be more ‘visible’ in their work and to communicate to residents that action is being taken.

3.5 The Quality of Life survey results for alcohol consumption are enlightening. The age group drinking heaviest is 35 to 54 year olds: 21% in this age group reported drinking 15 plus units per week, compared with 13% of those in younger age groups and 17% of those in older age groups. (The national recommended limits for drinking are 21 units per week for men and 14 units per week for women).

Role of Crime and Disorder Reduction Partnerships

3.6 The Crime and Disorder Act, 1998, placed a statutory duty on the Police and local authorities to work together to reduce crime and disorder, whilst the Police Reform Act 2002 gave Primary Care Trusts, the Fire Service and the Police Authority the same statutory duty. The Crime and Disorder Reduction Partnerships (CDRPs) were formed after the 1998 Act.

3.7 CDRPs are a multi-agency approach to reducing crime and anti-social behaviour within communities. The statutory partners include the Police, District Councils, Cumbria County Council, the Fire Service and Cumbria PCT; other key partners include the Youth Offending Service, Cumbria Probation Service, Cumbria Drug and Alcohol Action Team (DAAT) along with the local business community. Each CDRP identifies a number of priority crime themes and these are considered by the appropriate CDRP task groups, who are responsible for developing action plans and reporting back to the individual CDRPs’ Executive Group.

3.8 To use the South Lakeland CDRP as an example, there are a number of interventions currently being used to tackle the issue of alcohol and anti-social behaviour:

- ‘Bar Watch’ schemes;
- working with licensees to promote well-managed premises;
- taxi and night time safety awareness campaigns;
- multi-agency ‘Streetsafe’ operations;
- ‘Designated Public Places Order’ (used in Kendal, Ulverston, Windermere, Bowness, Ambleside, Grange and Milnthorpe);
- employing a detached youth worker (through Young Cumbria) to work with schools and youth groups;
- test purchasing with Trading Standards.

3.9 Government funding is available to all CDRPs, mainly through the Local Area Agreement, but with limited funding the priorities and areas of work need to be focused.
Task and Finish Group Composition

3.10 The composition of the task & finish group reflected the wide ranging nature of this review. Members involved represented the following Scrutiny Panels:

Safe & Secure Communities Scrutiny Panel
Adult Social Care Scrutiny Panel
Children & Young People Scrutiny Panel
Cumbria Health & Wellbeing Scrutiny Committee

The task and finish group needed to involve members who could bring with them their own knowledge and experience from their individual panel memberships, to ensure that all relevant areas were covered within the review.
SECTION 4: METHODOLOGY

4.1 Members of the task and finish group identified which agencies and County Council departments they wished to speak with, and listed below are the officers, their respective departments/agencies and the date on which they met with task and finish group members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Department</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr P Rooney</td>
<td>General Manager, Cumbria Drug and Alcohol Action Team (DAAT)</td>
<td>7 March 07</td>
</tr>
<tr>
<td>Insp G Steele</td>
<td>Cumbria Constabulary</td>
<td>8 May 07</td>
</tr>
<tr>
<td>Mr S Bowen</td>
<td>Centre Manager (Barrow), Cumbria Alcohol &amp; Drug Advisory Service (CADAS)</td>
<td>6 June 07</td>
</tr>
<tr>
<td>Mr P Brown</td>
<td>Director, CADAS</td>
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</tr>
<tr>
<td>Mrs A Brown</td>
<td>Operation Manager, CADAS</td>
<td></td>
</tr>
<tr>
<td>Ms A Connolly</td>
<td>Counsellor/Trainer Manager, CADAS</td>
<td></td>
</tr>
<tr>
<td>Mr P Kimberley</td>
<td>SPO Interventions, Cumbria Probation Service</td>
<td>6 June 07</td>
</tr>
<tr>
<td>Mr P Ashcroft</td>
<td>Head of Trading Standards</td>
<td>10 Sept 07</td>
</tr>
<tr>
<td>Mr J Greenbank</td>
<td>Principal Officer, Trading Standards</td>
<td></td>
</tr>
<tr>
<td>Ms A Dutson</td>
<td>Drugs Education Co-ordinator, Healthy Schools Team, Children’s Services</td>
<td>20 Sept 07</td>
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<tr>
<td>Ms H Gregory</td>
<td>Young People's Service Manager, CADAS</td>
<td></td>
</tr>
<tr>
<td>Mr M Quille</td>
<td>Cumbria Alcohol Strategy Co-ordinator, DAAT</td>
<td></td>
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<tr>
<td>Mr N Spence</td>
<td>Commissioning Lead Substance Misuse, Children's Services</td>
<td></td>
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<tr>
<td>Mr A Tarn</td>
<td>Drugs Education Advisor (Retired) Healthy Schools Team, Children’s Services</td>
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</table>

4.2 The task and finish group considered a number of pertinent background documents in reference to local, regional and national data and patterns of alcohol consumption, the relationship between alcohol and violence and the number of related issues around alcohol misuse.
4.3 After considering briefing information from the Scrutiny Officer, members determined which departments/agencies they wished to meet with and what questions they wished to put to representatives and officers.
SECTION 5: CUMBRIA DRUG AND ALCOHOL ACTION TEAM AND THE CUMBRIA ALCOHOL STRATEGY

5.1 One of the main responsibilities of Cumbria Drug & Alcohol Action Team (DAAT) is the local delivery of the National Drug Strategy, along with the Cumbria County Council and partners. The County Council are the accountable body for this, on behalf of DAAT, with partner organisation including Cumbria PCT, the Police, Probation Service, Youth Offending Service and the Crime & Disorder Reduction Partnerships (CDRPs).

5.2 Cumbria DAAT is the lead body for the development and implementation of the Cumbria Alcohol Strategy. An Alcohol Strategy Development Officer was recently recruited to co-ordinate the strategy and lead the Alcohol Strategy Steering Group. The Cumbria Alcohol Strategy (CAS) will respond to the requirements of the National Alcohol Strategy in a Cumbrian context. Due to limited funding, the Development Officer post is initially intended to be short-term only.

5.3 The funding for the CAS will come from partner organisations and not directly from the DAAT. It will respond to measures outlined within the Local Area Agreement that relate to alcohol use. The National Alcohol Strategy focuses on treatment and early intervention through key partners.

5.4 One emerging issue for Cumbria is the geographical gaps for support services: it follows that those areas of the county experiencing the greatest need for services and interventions – i.e. the most deprived areas – are the least equipped to deal with the consequences. It should be noted that Cumbria has the second highest number of licensed premises per head of the population, next to central London.

5.5 As the Cumbrian economy relies heavily on the tourism and the hospitality industry, services face a unique challenge in any attempts to effect a change in attitudes and a reduction in alcohol consumption levels. The drinks industry plays a key role in Cumbria’s night time economy and there are additional pressures for county services in relation to alcohol, rurality and geographical isolation.

5.6 The approach to the Strategy’s development, and the framework for the content, will be based upon the piloted toolkit produced by Alcohol Concern and the London Drug and Alcohol Network. The CAS will be based around the following themes:

- Public Health;
- Community Safety;
- Treatment;
- Housing and Homelessness;
- Workplace;
The action plan for the development of the strategy is available from the DAAT office.

5.7 Issues around the drinks industry will also be included into the Strategy and will include:

- Industry role;
- Regulation of sale;
- Enforcing/licensing;
- Test purchasing;
- Under-age and intoxicated people;
- Retailers’ role;
- Legal possibilities to improve responsibility of suppliers.

The aim of the Strategy is to bring together all relevant agencies at a countywide level to identify and share good practice and recognise the need for joined up working in tackling alcohol related harm. This is key to improving the life chances of young people and reducing the widespread harm of alcohol in Cumbria.

5.8 Partnership working is key to the development and the implementation of the Strategy. One area suggested is the possibility of a joint protocol with health in reducing the numbers of young people admitted to Accident and Emergency departments for substance-related treatment. This could also incorporate input from the DAAT Risk Taking Board, which looks at the issues and consequences around risk taking, including teenage conception, sexual health and other harms.

5.9 There are a number of groups and agencies involved in partnership working on issues for young people in Cumbria, including secondary school groups, CDRPs and their Drug and Alcohol Task Groups. All CDRPs address alcohol issues, along with crime and disorder and wider health issues.
SECTION 6: CUMBRIA ALCOHOL AND DRUG ADVISORY SERVICE (CADAS)

6.1 CADAS is a registered charity with over 25 years of experience in providing advice, guidance and counselling services with the aim of reducing the harm caused by drugs, alcohol and gambling. The services provided are free and confidential covering Tier 1, 2 and 3 drug and alcohol services including: information; education; training; one-to-one counselling; family, parent and carer support services. The services are broken down into Adults Services [for people aged over 19 years], Community Family Support Services and the ‘Straightline’ Service specifically tailored for young people’s needs.

6.2 CADAS has 5 counselling and information centres across the county (Penrith, Workington, Kendal, Barrow and Carlisle) employing a team of 25 staff. The charity also recruits and trains volunteer counsellors and currently has 76 registered across Cumbria; this means that CADAS’ services can be delivered in locations across the county, including rural GP surgeries. Counsellors provide support services wherever they reside in the county. CADAS acknowledges that the impact of alcohol misuse on Cumbrian communities is significant and that there is a problem with ‘hidden’ addiction, particularly for older people.

6.3 The costs of training volunteer counsellors are comparatively small, with around £30,000 to £40,000 being enough to train 30-40 counsellors. The key to the counselling programme’s success is the flexibility of service delivery this provides: this is evident in the drug and alcohol awareness sessions which can be delivered for any group whose members might not otherwise seek such advice. For instance, women’s institute meetings, local book clubs etc. This allows people who would not ordinarily seek help for a substance problem unless this resulted in a serious incident.

6.4 It is important to note that the volunteer counsellors are not necessarily ex-substance misusers or former CADAS clientele. It is often the case that the counsellor training programme attracts people who have been effected by drug, alcohol or gambling issues, perhaps as the result of a relative or spouse experiencing problems. Trainee counsellors are put through a rigorous recruitment and selection process, including interview, and not all who apply will be successful in winning a place on the training programme. The course itself is described as ‘challenging’.

6.5 The geographical breadth of CADAS’ services allows an individual to seek counselling or support away from the area they may live or work in, which can only increase the likelihood that people will access the support they need. CADAS’ work is subject to the ‘Drug & Alcohol National Occupational Standards’ and ‘Quality in Alcohol and Drugs Services’ (QuADS). QuADS organisational standards set criteria
against which drug and alcohol services can assess and develop their practice. Part of the nationally accepted quality standards for drug and alcohol services, QuADS compliance for drug services is required by the National Treatment Agency and these are likely to be extended to alcohol services in the future.

6.6 CADAS’ young people’s service ‘Straightline’ was created some 5 years ago, as a result of an invitation to tender put forward by DAAT. CADAS won the tender and created a service tailored specifically to the needs of young people. The service’s success is due partly to the ethos of the organisation to be non-judgemental and non-prescriptive in its approach. The key aim is education and support, with the website tagline “If you choose to use, keep yourself safe by finding out more”. This encourages young people, who may not otherwise seek advice, to equip themselves with the facts if they are using alcohol or drugs and this approach is more likely to ensure that young people access the support services available. Additionally, Treatment Workers are based in Connexions offices across Cumbria, exemplifying real partnership working in action.

6.7 In terms of the referral process for young people, word of mouth, along with the CADAS website both play a role. The funding for this part of the service comes from the County Council, with the remainder from DAAT. Some work is conducted through the CDRPs in Kendal and Barrow, with two part-time ‘Prevent & Deter’ Workers assigned to work with young people identified as being ‘at risk’. There are also four part-time Youth Development Workers who cover the entire county; part of their remit is to deliver training sessions in youth groups and for training providers (i.e. colleges and Youth Offending Service groups).

6.8 Overall, CADAS’ Straightline service is seeing referrals from increasingly younger people, with an increasing number of older people (over 50 years) accessing the Adult Services. One reason for the latter increase has been the success of the Brief Intervention Screening tools by medical staff [this is explained in greater detail in Section 11 on PCT and Health Services]. CADAS have responded to the greater demand for services for older adults by recruiting older counsellors, some of whom are in their 70s.

6.9 CADAS offers a range of interventions, including Neuro-Linguistic Programming, Cognitive Behavioural Therapy, as well as more innovative approaches including acupressure. The treatment programmes are outcome focused and include the use of weekly self-evaluation forms for clients to monitor their progress.

6.10 CADAS services have 36 separate funding sources, each with a strict criteria. The charity competes with other national organisations for tendering with an annual turnover in Cumbria of around £750,000 per year. The funding pot for national charity organisations is limited and CADAS do not have ‘core’ funding for the services they provide as, for
instance, NHS services do. This means a hand-to-mouth existence for the organisation and it should be noted that they are not represented on any DAAT funding streams. The Straightline service will be up for tender again in March 2008. Additionally, as tendering and funding must be based on value for money per head of the population Cumbria struggles due to its smaller, disparate population.

6.11 A recent example of joint working has been the links between the Straightline service and the ambulance service. In west Cumbria the ambulance service have been distributing information packs on substance misuse to young people, prepared by Straightline staff. If a young person is admitted to A&E for substance-related treatment, it is not practice to refer patients directly onto specific agencies, but young people are referred to the Children's Board. There are links with Straightline nurses and where an admission relates to an overdose, information can be shared with pertinent agencies, with patients' consent.
SECTION 7: CUMBRIA PROBATION SERVICE AND SUBSTANCE RELATED OFFENDING

7.1 The Probation Service has 3 divisions in Cumbria:

- North (Carlisle & Penrith);
- West (Workington & Whitehaven);
- South (Barrow & Kendal).

The 2003 Criminal Justice Act introduced new concepts in sentencing for offenders, impacting significantly on the work of the Prison Service and Probation Service. The Act created a new Community Order (for offences committed after 4 April 2005) replacing all existing community orders.

7.2 The new Community Order has 12 possible requirements that judges and magistrates may wish to include as a condition of sentencing. Low level offenders may incur 1 requirement, whilst higher level offenders may incur 3 or more. The requirements system allows the court to tailor the provision to each individual offender.

7.3 Of the 12 requirements, those that relate directly to substance-related crime are:

- Alcohol Treatment;
- Drug Rehabilitation;
- Programme (Accredited).

The Programme (Accredited) includes within it the following programme options, which are currently delivered in Cumbria:

- *Addressing Substance Related Offending (ASRO);
- Basic Skills;
- Community Domestic Violence Programme (CDVP);
- Drink Impaired Drivers (DIDs);
- Northumbria Sex Offender Group Work Programme (N-SOG);
- Think First.

7.4 * ASRO programmes are usually held during day time hours with a drug and alcohol emphasis and this aims to teach offenders the necessary skills needed to reduce or stop their substance misuse, using a specific criteria to identify suitable candidates. The programme is suitable for those offenders who present a medium to high risk of reoffending and where offences relate to the following:

- Substance specific offences (e.g. possession of a Class A drug);
- Use of drugs or alcohol as a disinhibitor;
- Offences committed as a result of addiction, or a perceived addiction, to alcohol or drugs.
The programme is not suitable for offenders experiencing serious mental health problems, who struggle to learn in a group setting or who’s offence is of a sensitive nature and who may be at risk if disclosing that information in a group setting. Offenders attending the ASRO programme may have serious drug or alcohol problems.

7.5 In terms of completion, ASRO has the highest drop out rate and, whilst some offenders may still be using when they attend, it can provide a daily routine for attendees who may not normally have one. This may prove beneficial for offenders, even if they do not succeed in attending the entire programme. Of those who commence the ASRO programme, around 57% complete it, with the possibility of catch-up sessions built in. However, more than 2 catch-up sessions will result in an offender being directed to leave the programme.

7.6 ASRO sessions include group work, with 15 offenders the maximum number per course. Part of this programme involves offenders being encouraged to share their substance-related problems and confront their behaviour and how it affects their immediate family (children, partner, parents etc.). The programme involves liaison between an offender’s Probation Officer and the ASRO tutor; on completion of the programme the offender will meet with them to reflect on the benefits of the training. For those successfully completing an ASRO, there is a reduction in re-offending of around 7%.

7.7 Of the other Programme (Accredited) options addressing alcohol misuse, the DIDs programme achieves a higher attendance and completion rate than others, as the nature of the offence means offenders will come from a greater cross-section of society. In any one year Cumbria runs approximately 4 ASRO and 2 DIDs programmes in each of the 3 Probation Service divisions.

7.8 One of the newer programmes is the Community Domestic Violence Programme (CDVP) attended almost exclusively by male offenders. This addresses issues of control – a common factor in the pattern of this behaviour – with attendees having been convicted of violent assault against a partner or spouse. The offender may still live with that person and the programme can be used as a direct alternative to custody. All 3 Probation divisions in Cumbria now provide CDVP.

7.7 With regard to the ‘Alcohol Treatment’ requirement – a new provision under the 2003 Act – those problem drinkers who wish to self-refer may do so by approaching CADAS. If an offender is found guilty of an offence that warrants a custodial sentence, the court may adjourn to allow the Probation Service to prepare background reports on the offender. A more detailed assessment may be recommended in the Probation Service’s report and this would be undertaken by an appropriate professional, e.g. a psychiatrist. The Probation Service may request a further adjournment to allow such an assessment and
this is particularly useful in identifying psychiatric problems, mental health issues or drug and alcohol misuse.

7.8 The 12 requirement options include ‘Curfew’, which is a well used sentencing option that may specify a curfew to cover any time within a 24-hour period. The curfew order will specify the length of time an offender is subject to this (e.g. 6 months) and this will relate to the nature of the offence committed. If, for example, an offence has been committed as a result of binge drinking (violent disorder, assault etc.) then a curfew may cover a Friday or Saturday night, preventing the offender from being in the situation that contributed to the offence initially.
8.1 Prior to the introduction of 24-hour licensing in 2005, there was widespread expectation that the number of public order offences and levels of alcohol-related violence would increase significantly. Initial fears were that the new laws would put greater pressure on the emergency services, with the police and hospitals bearing the brunt.

8.2 Two years on, the predicted deterioration in behaviour has not happened; with violence and disputes often caused by crowding, this was a particular problem at closing time with customers exiting establishments at the same time, with emergency services left to pick up the pieces in town centres across England and Wales. However, the police point out that the new laws mean people can drink for longer, with individuals able to consume more alcohol in a given timeframe. This will have implications for the nation’s health, which may not become apparent for a number of years.

8.3 New powers for local authorities and police authorities have meant that they are able to have a positive influence over how licensed premises are managed, with new partnership working arrangements developing in regard to the nighttime economy.

8.4 An example of partnership working in Cumbria has been demonstrated in Barrow, with a limited number of licenses provided for food outlets – catering for late-evening drinkers – and the removal of fast food vans from the streets. This allows the police to focus their resources on an identified area of town, allowing for quicker response times, if needed, and overall more manageable working parameters.

8.5 The new licensing act has provided the legal framework for a new kind of partnership working with regard to ‘exclusion’ measures: this has involved working together with the business community and district licensing departments. This has meant the police can approach licensed establishments as a ‘community’ and in the south of the county the police have an officer who deals exclusively with licensing.

8.6 The closer partnership working arrangements have meant that resources are aligned with areas of need. One particularly useful approach has been the use of ‘exclusion’ as an option for persistent trouble makers. The small, tight-knit communities in Cumbria mean that the threat of exclusion works particularly well, with this sometimes perceived as a greater concern than being charged and taken to court. One example has been in Carlisle, where the practice of banning domestic violence perpetrators from drinking establishments has been used. Although exclusion schemes are a useful deterrent in reducing certain types of behaviour and offences, this requires greater resource support.
8.7 With alcohol available in larger measures in pubs and clubs than they once were, and the increasing affordability of alcohol (and the number of cheap deals promoted by individual establishments) alcohol is more readily available, in much larger quantities, 24 hours a day. Add to this the widespread practice of parents purchasing alcohol for their children [this is where the majority of young people acquire their alcohol] and an overall picture of excessive alcohol consumption, across all ranges in all manner of public and domestic settings, begins to appear.

8.8 The police inspector members interviewed for this review noted that youth workers are very useful and their deployment should be extended, given the positive outcomes observed in their work with young people. The link between this youth outreach work and youth centres is also key: a recent success story was the posting of 2 police officers at the doors of a youth centre in south Cumbria, who prevented young people entering who had consumed considerable amounts of alcohol.

8.9 Recent developments in the remit of Community Support Officers (CSOs) - including a move to permanent contracts and greater clarity of career structure - has led to a police review of their youth and schools strategy, with CSOs playing a new integral role in that strategy. Work in the west of the county with CSOs working with schools has been particularly successful, but it is felt that such practices need to be embedded at a strategic level, across the county. CSOs have an important role in building relationships between the police and schools. The South Lakes and Barrow Youth Strategy group focuses on how the County Council delivers through a range of partnership services and local delivery ‘platforms’, this has led to a partnership with schools in Kendal, encompassing some 5,000 students. For this work to develop and flourish requires the focus of partners and resources. It is vital that communication systems are developed between schools, young people and appropriate agencies to ensure a consistent approach countywide.

8.10 It is worth noting that one outcome of the Teenage Health Scrutiny Review in 2005 was the way young people’s comments and issues raised were fed into a revised police youth strategy in Cumbria.

8.11 The track record for Cumbria police involvement in national campaigns on alcohol misuse and enforcement has been consistently good. Additionally, the Home Office provides police authorities with advice on good practice with ongoing improvements to established initiatives at a local level (e.g. Bar Watch & Street Safe in the south of the county).

8.12 A recent initiative involved police officers engaging directly with the public by visiting drinking establishments, in conjunction with health and fire service partners. This allowed members of the public to seek advice directly from the police; audio-visual information was also used. An initiative has been introduced for alcohol sellers in pubs and clubs in the South Lakes area called ‘Serve Wise’. This is to raise
awareness amongst bar staff of the importance of not serving already severely intoxicated customers.

8.13 In terms of working to tackle underage drinking, the police have been involved in Alcohol Misuse Enforcement Campaigns, which includes test purchasing work conducted once a month in each area of the county. Police work with licensing partners has also seen improvements to premises over the last 5 years, including identifying areas of crowding, the installation of CCTVs and looking at glass collection systems etc. Breweries also have a significant role to play in ensuring establishments are adapted to ensure less crowded layout and necessary escape routes. A particular challenge in Cumbria is that many establishments are older buildings adapted to new use.

8.14 Police authorities across the country are particularly effective at sharing good practice at regional and Home Office conferences, along with a large resource of web-based materials. Additionally, the Home Office have produced a generic guide to licensed premises.
SECTION 9: TRADING STANDARDS AND PREVENTING UNDERAGE ALCOHOL SALES

9.1 Whilst the Police Constabulary is responsible for dealing with drinking establishments, Trading Standards deal with retailers and their Designated Premise Supervisors (DPS) who oversee alcohol sales in retail outlets. Trading Standards undertake work around preventing underage sales on a range of age-restricted products (knives, PC games, DVDs, fireworks, cigarettes, glue, aerosols etc.) that includes alcohol. Traders can be prosecuted under the ‘Enterprise Act’ for under-age purchases.

9.2 Trading Standards officers, with police involvement undertake test purchasing campaigns and have participated in 3 national campaigns over the last 2 years. The latest was conducted over the summer and these are Home Office funded. Recent legislative changes mean new powers for Trading Standards officers to issue Fixed Penalty Notices to retailers, on behalf of the police.

9.3 All retail establishments are required to have a Designated Premise Supervisor who is responsible for implementing the relevant checking systems and training to ensure staff do not sell alcohol to people under 18 years of age. If an underage sale occurs, a retail company may use a statutory defence by demonstrating their DPS has implemented the relevant procedures and checking systems; in such an instance it is the member of staff who made the sale who will be prosecuted, or subject to a Fixed Penalty Notice.

9.4 Young people involved in test purchasing are required by law to be at least 18 months younger than the legal purchase age and, where a sale is made, Trading Standards will approach the store’s DPS; reasonable steps and precautions need to be demonstrated by the DPS/retailer. A number of companies have joined the national ‘Think 21’ campaign, which encourages the sale of alcohol only to individuals who look 21 years of age and, if they do not, can provide formal identification to support this. It should be noted that, if identity given is fake, this cannot be the fault of the seller as they took reasonable steps to avoid an underage sale by asking for identification.

9.5 Test purchasing is subject to strict government guidelines and protocols, and care is taken to ensure that Trading Standards officers do not act in such a way that could be perceived as entrapment. Trading Standards provide educational leaflets and DVDs as training aids for retail staff to help them avoid selling age-restricted products to people who are underage. Volunteers for test purchasing are recruited by approaching County Council colleagues and asking that suitable young people come forward.

9.6 Licensing is a district council function in Cumbria and it is current practice to review the relevant licensing policies every 3 years. It is
planned that there will be one common countywide policy across all 6 district authorities and from this an action plan will be drawn up and agreed between the authorities. Test purchasing results are shared with the relevant licensing authority.

9.7 Trading Standards are keen to work in partnership with other departments and agencies, resources permitting, and one recent example of this has been the work undertaken with the West Cumbria CDRP on underage sales; South Cumbria CDRP are involved in similar work and there are opportunities to work with other CDRPs across the county.

9.8 The results of test purchasing campaigns are reported on annually, but the overall results examined by task and finish group members, from 2005 to date, show a tendency to ‘ebb and flow’ with no apparent consistency in results from various test purchasing exercises; a greater consistency may appear if individual companies were targeted for campaigns. An area of good practice should be noted in the west of the county with Cleator Moor outlets ensuring no successful purchases in a recent exercise with young people.

9.9 Changes in funding have impacted on the range of activities Trading Standards are able to undertake. Test purchasing relies on Home Office funding attached to specific national campaigns. At one time, government funding was used for paying officers’ overtime, for example when undertaking test purchasing out with office hours. Test purchasing exercises now rely on officers volunteering, with time off in lieu of pay offered by the department. Test purchasing requires two Trading Standards staff and one police officer to be present, with the police authority paying for their own officers’ time.

9.10 Four years ago funding was provided for a post specifically dealing with test purchasing; there were practical problems for this post, as 0.5 full time equivalent (fte) was provided for the north of the county and 0.5 fte for work in the south. Alcohol related work does not attract direct funding from central government, although some funding is provided in some parts of the county by individual CDRPs.

9.11 When test purchasing was introduced as part of the licensing act, the Local Government Association maintained there were no cost implications for this work. As the LGA does not support the practice of ring fencing funding, problems occur when new legislation is implemented with government-allocated funding to accompanying it. Further, there are a number of other priorities before Trading Standards work.

9.12 Trading Standards officers do not have the powers to challenge the rationale behind promotional alcohol offers by retailers; the licensing authority, meanwhile, would be allowed to challenge irresponsible offers occurring in drinking establishments under their jurisdiction.
SECTION 10: CHILDREN’S SERVICES AND YOUTH OFFENDING
SERVICE PROVISION

10.1 The provision available for substance misuse education varies widely from school to school both in Cumbria and across the country. For schools wishing to address the subjects of alcohol, drugs and sex within the mainstream setting, these can be tackled under the following classes:

- Personal, Social & Health Education (PSHE);
- Citizenship;
- Science.

10.2 Education programmes on alcohol and drugs are taught across the full age range from 5-16 years, with the Healthy Schools Team in Cumbria co-ordinating policy, procedure, practice and evidence of what schools achieve against set national standards. The team works with 340 schools in Cumbria and are exceeding government targets in their work. This is particularly important in Cumbria where evidence gathered between 1988 and 2006 shows alcohol consumption amongst young people in our county is higher than elsewhere in the UK.

10.3 The Healthy Schools Team are currently training teachers in Cumbria schools to be PSHE specialists. This is currently in its third year and, within the training offered, teachers can become drug and alcohol specialists. In-house training is also provided by the team for secondary schools’ named co-ordinators. The Healthy Schools Team also runs ‘buddy’ projects, first introduced in 2000, winning the Team a Millennium Award for this work. Young people selected as ‘buddies’ have found this to be a positive and rewarding experience.

10.4 Recent examples of good practice in Cumbrian schools have included the delivery of awareness raising session for young people and parents (delivered separately) with drama groups brought in to hold workshops with pupils. The police have also been involved in delivering awareness sessions for young people in schools. Another example of good practice was a Carlisle school revising their timetable to place PSHE as the first lesson of the week.

10.5 The results of recent research undertaken in Cumbria, via a Health Related Behaviour Questionnaire, found that the majority of young people acquire their alcohol from their parents. As a result of this, a campaign is under development to target parents to challenge attitudes and raise awareness of issues around young people and alcohol. It is also evident, however, that parents who are aware that their children are drinking usually means their children are drinking less than the children of parents who are unaware.
10.6 According to the current law in England and Wales, a parent can legally give a child an alcoholic drink from 5 years of age, in the home setting, whilst it is only 3 years of age in a private members club. The national agency on alcohol misuse, Alcohol Concern, have recommended that giving children under the age of 15 years alcohol should be made illegal. Whatever happens, it is clear that the associated increased long term dangers of regular alcohol consumption at an early age needs to be addressed with parents.

10.7 Whilst it is acknowledged that there are potential harm issues for drinkers across all age ranges, this is particularly marked for young people. There are issues around:

- personal safety, with an increased vulnerability to assault and fighting;
- risky behaviour, including casual unprotected sex possibly leading to teenage conception;
- violent and nuisance behaviour, criminal damage and vandalism.

This is aside from the long term health risks, which are increased the earlier a person commences regular drinking.

10.8 Addressing the possible harms and consequences of alcohol and substance consumption with young people is key to the education programmes delivered. CADAS’ Straightline service is no exception, with part of their awareness training for young people asking participants to identify those risks associated with alcohol and how it is possible to lower those risks.

10.9 CADAS used to run a peer counselling programme in Cumbrian schools, with Years 10 and 12 being trained to deliver substance awareness sessions to pupils two years younger. This was funded for 3 years up to March 2006, when DAAT put the service provision out to tender; this resulted in CADAS forming the Straightline service. This service reaches a wider audience of young people than the peer counselling service did and succeeds in taking a much broader approach to issues. The Peer Education course was a national learning scheme but was not appropriate for use en masse in schools. There is now a 10-hour course through which young people involved can receive accreditation through the Open College Network; this is being used by other youth groups and the Youth Offending Service.

Youth Offending Service

10.12 The link between young people’s substance misuse and offending has long been established. Young people may offend to fund an alcohol or drug habit or may be under the influence whilst offending. Cumbria Youth Offending Service seeks not only to tackle a young person’s
substance misuse problem but is also concerned with the reasons behind the problem.

10.13 A rolling training programme in Cumbria ensures that all staff are updated on developments across the national drugs scene, and allows staff to screen for substance misuse and deliver up to Tier 1 substance misuse interventions (in accordance with the National Treatment Agency). Each Youth Offending Service division employs a health worker as an initial contact for young people presenting with substance problems. The health worker provides a full health assessment and can then determine a course of action. The young person may then be the subject of substance misuse work within the Youth Offending Service, referred to a specialist substance misuse agency or the County Drugs Co-ordinator for a more intensive level of intervention, where needed. The aim is to help young people secure a future free from substance dependency or misuse and associated offending.

10.14 The Youth Offending Service approach involves working with both regional and national agencies to provide the necessary level of care and support for those young people. The Service works at a local level with the Cumbria DAAT, Cumbria Young People’s Substance Misuse Action Group and the 3 Drug Task Groups. Central to this work is ongoing substance misuse policy development and sharing good practice across Cumbria.
11.1 A project entitled ‘Alcohol Brief Intervention and Screening Tool Training for Primary Care’ (ABISTT) was initiated by North Cumbria PCTs to run over 2 years, in 2005. This followed the Public Health White Paper ‘Choosing Health’, the Alcohol Harm Reduction Strategy for England 2004 and the Models of Care for Alcohol Misusers Consultation document. The tender to deliver ABISTT to all primary care staff in North Cumbria was won by CADAS. The training programme is currently nearing the end.

11.2 The 2 year contract to deliver the training ran from 2005 to 2007 and has been provided for all those involved in primary healthcare in North Cumbria and includes:

- GPs;
- Health Workers;
- Nurses and Midwives;
- Pharmacists;
- Accident and Emergency Unit staff.

This training applies wherever services are delivered: from medical centres to prisons.

11.3 This joint project means that those experiencing alcohol problems can access advice in a medical context. This is important because, when advice is offered in a medical or preventative health consultation context, patients are more likely to take that advice seriously; when advice is offered by GPs and health workers this is perceived as coming from a ‘trusted’ source. An additional benefit is that one of the most cost effective approaches to alcohol misuse is prevention, whilst early intervention can reduce future levels of harm that would be caused by excessive, prolonged and regular consumption. It was recently reported in the national media that increasingly higher levels of depression are being found in older adults and this has a link with alcohol problems.

11.4 The Brief Intervention Training initially met with resistance in the south of county, but word of mouth, particularly between GP practices, meant that the demand for this training grew. As a result, CADAS were also invited to work with ‘trainee’ GPs and pharmacists. Initially, the training in the south of the county (which ended in 2005) was delivered by Morecambe Bay PCT.

11.5 Whilst Brief Intervention Training is an important step in encouraging a wider understanding of alcohol misuse for health service staff, it has not been possible for this review to determine what other approaches are used in Cumbria. The impact on health services, in resource and budgetary terms, is acknowledged to be significant. Health Services
are central to any consideration of how widespread alcohol misuse currently is, with health staff (particularly A&E, paramedic and ambulance staff) vulnerable to violent assault from patients who present for treatment as a result of excessive drinking or fighting/assault.

11.6 Alcohol misuse also has wider implications for long term health treatment and partnership working. The Cumbria Alcohol Strategy and initiatives like Brief Intervention Training represent a crucial step forward in a much needed multi-agency approach.

11.7 The Cumbria Community Drug and Alcohol Service (CCDAS) is run by the NHS and its clientele may self-refer or be referred via their GPs, statutory or voluntary agencies. There are 5 sites in Cumbria with CCDAS units: Kendal and Barrow (South); Carlisle and Penrith (North) and Whitehaven (West) with a unit yet to open in Workington. The units act as bases with staff also working across the county in designated places that include some GP surgeries. The teams include GPs and are led by consultants. The service provides the following range of treatments and support:

- one-to-one counselling;
- detoxification;
- substitute treatments in shared care clinics;
- relapse management;
- group therapies;
- auricular acupuncture;
- substance education/health education;
- mediation and relaxation;
- syringe/needle exchange.

Each care package is created according to individual need, in accordance with national ethical and medical guidelines.

11.8 Members of the task and finish group were disappointed that it was not possible to meet with appropriate PCT representatives to determine the extent and early outcomes of the Brief Intervention Training, along with the wider issues for health services in tackling and reducing alcohol misuse in Cumbria. A list of questions has been submitted to the PCT and a request made for written answers to these. If, at a future point, answers are forthcoming, these will be reported to the task and finish group members and will allow this section of the report to be completed. Of course, this may also impact upon the recommendations outlined in Section 1 of this report and they may then be subject to revision. The Panel will be kept informed of any developments by the Scrutiny Officer.
Teenage Health Scrutiny Review 2005

11.9 In 2005 the Cumbria Health and Wellbeing Scrutiny Committee undertook a review of Teenage Health in Cumbria. Young people across Cumbria participated in focus groups and responded to questionnaires that asked a wide range of questions about health, accessing health advice and other services.

11.10 One issue that emerged from the review was the need to improve relationships between young people, as a group, and the police [see paragraph 8.9 of this report]. Participants across the county identified the need for access to consistent information on sexual/emotional health, stress, drugs, alcohol and smoking.

11.11 When asked about alcohol and drug use, there was no overall agreement on which problem was bigger, with issues varying dependent on locality. However, drugs were seen as a lesser problem particularly for those people in the younger age groups. The reported reasons behind substance misuse included experimentation, peer pressure and even boredom. The young people surveyed agreed that there was a strong link between alcohol, violence and anti-social behaviour. The review also indicated that whilst some young people reported receiving appropriate information on substance issues in schools, some young people had not received any. Overall, the young people agreed that education on these issues at an earlier age concerning the associated risks, affects and advice on stopping substance misuse was important, rather than having to find the information out for themselves.
SECTION 12: CONCLUSIONS

12.1 The Cumbria Alcohol Strategy represents an important step forward in placing alcohol higher up the local authority and partner agencies agenda. This document will constitute a key development for Cumbria in that it will galvanise a multi-agency approach to tackling alcohol misuse and associated problems. The involvement of stakeholders in developing the strategy is vital and takes in a wide array: service users, local businesses, health and social care services along with the criminal justice system and services for young people. The possible outcomes for Cumbria are significant and positive.

12.2 Another key element to the new joined up approach to alcohol issues in Cumbria must be the work of the Crime and Disorder Reduction Partnerships, through their Anti-Social Behaviour plans and Drug and Alcohol Task Groups. They are key to tackling alcohol related issues, from a crime and disorder perspective, at a community level.

12.3 There is much work to be done to educate and empower the people of Cumbria about the effects of excessive drinking and challenging both the ‘macho’ culture around alcohol, and the acceptance of binge drinking and the resulting alcohol related disorder. The increased vulnerability of drinkers to assault or abuse (particularly women) or aggressive and violent behaviour (particularly men) is a message that needs to be relayed in the strongest possible terms. This needs to go alongside raising awareness of the long term health impact for dependent and/or regular drinkers. Educating individuals within a community on the dangers of alcohol misuse - and its far-reaching consequences for everyone within that community – equips people to allow them to make an informed choice and encourages an awareness of the associated risks for individuals and those around them.

12.4 Tackling alcohol misuse and addressing the culture of binge drinking (that is reaching epidemic proportions across the UK) should, in the longer term, help to achieve a reduction in resources needed for alcohol treatment and support services, whilst improving the health prospects for people in Cumbria. Additionally, by ensuring that good practice is shared between partner agencies, and within organisations, across the county a real change can be affected, whilst opening a dialogue on this important issue at a local and regional level.